



Client No. 2036	Client Name O. H. Metals	Location 1002 OSwego ST.	Date 2/11/87
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Facility Equipment <input checked="" type="checkbox"/>	Detex Clock No. <input checked="" type="checkbox"/>	Weapon No. <input type="checkbox"/>	Holster <input type="checkbox"/>	Nightstick <input type="checkbox"/>	Raincoat <input checked="" type="checkbox"/>	Flashlight <input checked="" type="checkbox"/>	Other 3 Keys, Log Book & Phone
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Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.	Officer—Day Shift (Name) Kenneth Fralich	Officer—Swing Shift (Name) Robert Dealin	Officer—Grave Shift (Name) Dick Koboski
	Shift Began 8 AM-PM Ended 4 AM-PM	Shift Began 4 AM-PM Ended 12 AM-PM	Shift Began 12 AM-PM Ended 8 AM-PM

Observations or actions taken	Day Shift		Explanation	Swing Shift		Explanation	Grave Shift	
	Yes	No		Yes	No		Yes	No
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
6. Lights left burning		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		AS required			<input checked="" type="checkbox"/> LIGHTS OUT 6:30 AM
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Visitors		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

Remarks **2132 U.P.D. reported to me that they had a complaint about someone painting walls on level one (R.P.) called CPT Miller at 2150 to report same (R.P.)**

IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.

1. Were you injured during this tour?	Day Shift 1. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Day Shift 2. Yes <input type="checkbox"/> No <input type="checkbox"/>	Day Shift 3. Yes <input type="checkbox"/> No <input type="checkbox"/>	Swing Shift 1. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Swing Shift 2. Yes <input type="checkbox"/> No <input type="checkbox"/>	Swing Shift 3. Yes <input type="checkbox"/> No <input type="checkbox"/>	Grave Shift 1. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Grave Shift 2. Yes <input type="checkbox"/> No <input type="checkbox"/>	Grave Shift 3. Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Did you suffer any illness?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signatures	1. Kenneth Fralich	2. Robert Dealin	3. Dick Koboski	1. Robert Dealin	2. Dick Koboski	3. Dick Koboski	1. Dick Koboski	2. Dick Koboski	3. Dick Koboski

439092



Use this form to report any irregularities or out of the ordinary incident occurring during your tour.



CENTRON SECURITY SERVICES, INC.

Date of Report 4/17/87

time of Report 2/50

Client; O H Metals

Address: 1002 OSWEGO ST UTICA, N.Y.

Location of Incident Lenox Ave

-Incident Painting on walls

Date occurred 4/17/87 Time occurred AM 8:15-9:30 PM

Details and circumstances of incident; WHO, WHAT, WHERE, WHEN, & HOW???

Reported to me AT 9:32pm by utica Public Dept. that they had a complaint that some one was painting on the walls, on lenox ave. Noted new red paint on wall also on Noyes st. it occurred some time between 8:45pm and 9:30 pm this date 4/17/87

Signed- Robert Desling Rank S.O. Page 1 of 1

Use this form to report any irregularities or out of the ordinary incident occurring during your tour.



CENTRON SECURITY SERVICES, INC.

Date of Report 4/17/87

time of Report 12:10 AM.

Client; O H METALS.

Address: 1002 OSWEGO ST.

Location of Incident BOSSERT MANUF. UTICA NY. 13502.

-Incident DEFECTIVE FLOOD LIGHT.

Date occurred 4/14/87.

Time occurred 12:30 AM

PM

Details and circumstances of incident; WHO, WHAT, WHERE, WHEN, & HOW???

ON 4/14/87 ONE FLOOD LIGHT WOULD NOT COME ON. SWITCHED CIRCUIT BREAKER ON AND OEE TO NO AVAIL. MUST BE DEFECTIVE LAMP.

Signed-

Dick Yokozki

Rank

S. O.

Page

1 of

2